



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF MASSAGE AND BODYWORK

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR MASSAGE THERAPIST LICENSURE INSTRUCTION SHEET

You must be at least 18 years old to apply for Delaware licensure as a Massage Therapist.

Note: If you previously applied for a Delaware certification as a Massage Technician, it is not necessary to re-submit documents already in possession of the Board office. If you believe that the Board office has any of the documentation required below, contact the office to confirm.

### Requirements for All Applications

- ☐ Submit completed, signed and notarized [Application for Massage Therapist Licensure](#) form.
  - Follow the instructions on the application carefully so that all needed questions are completed. This includes verification under oath that you have not engaged in any acts or offenses that would be grounds for disciplinary action ([24 Del. C., § 5308 \(a\)\(4\)](#)).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
  - If you hold an **active** Delaware Massage Technician certification, submit the upgrade processing fee. However, if you have never held an active Delaware Massage Technician certification or if your certification is not active, submit the Massage Therapist processing fee.
- ☐ Arrange for an official score report to be sent **directly** from the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) to the Board office.
  - A score report received from you, rather than *directly* from NCBTMB, is considered *unofficial*. If you submit an unofficial copy of the score report, **no license will be issued until the Board office receives the official score report from NCBTMB**.
  - For information about the NCBTMB examination, the candidate handbook is available on the [NCBTMB web site](#). The Score Report Request Form is in the candidate handbook.
- ☐ Enclose a copy of your current CPR certification card (front and back).
  - Online CPR courses are **NOT** accepted.

### Additional Requirement for Initial Applications

You are considered to be filing an "initial application" if you are:

- **Not** licensed by any other jurisdiction, **or**
  - Licensed by another jurisdiction but you have **not** practiced continuously in that jurisdiction for *at least two years* before applying in Delaware.
- ☐ In addition to the requirements in the **Requirements for All Applicants** section above, arrange for the Board office to receive an official transcript sent **directly** from your massage school or approved program to the Board office.
- The transcript must show that you have completed 500 hours of supervised in-class study as a student in a school which trains massage or bodywork therapists, or as a student in an approved program of massage or bodywork therapy. The school or program of training must include a curriculum of no less than:
    - 100 hours of anatomy and physiology;
    - 300 hours of technique and theory of massage or bodywork therapy;
    - 100 hours of elective courses in the field of massage therapy.

- A transcript received from you, rather than *directly* from your school or program, is considered *unofficial*. If you submit an unofficial copy of the transcript, **no license will be issued until the Board office receives the official transcript from the school or program.**

#### **Additional Requirement for Applicants Certified or Licensed by Another Jurisdiction**

If you are now (or have ever been) certified or licensed to practice massage by another state or other jurisdiction, this requirement applies in addition to the requirements in the **Requirements for All Applicants** section above.

- ☐ Arrange for the Board office to receive verification of licensure or certification **directly** from **each** state or other jurisdiction in which you are now, *or have ever been*, licensed or certified.
  - This requirement applies regardless of whether you are filing an initial application or by reciprocity.
  - To request verification of certification or licensure, contact the licensing office for each jurisdiction where you have ever been licensed/certified and request a verification letter, which is also called a letter of good standing, to be sent directly to the Delaware Board office. Contact information for other state Boards is listed on the [American Massage Therapy Association website](#). For jurisdictions other than states (such as city, county or Canadian province), request the verification from the agency or organization that issued the certificate or license.
  - Copies of licenses are not acceptable.



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF MESSAGE AND BODYWORK

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR MESSAGE THERAPIST LICENSURE

### TYPE OF APPLICATION

1. Select the item that describes your situation (check one):

- ☐ Reciprocity – I am **currently** licensed in another jurisdiction where I have practiced **continuously** for at least two years.
- ☐ Upgrade – I hold an **active** Delaware Massage Technician certification and I am applying to upgrade to Massage Therapist licensure.
- ☐ Reapplication – My Delaware Massage Therapist license has expired and I am reapplying.
- ☐ Initial – None of the choices above apply to me.

### IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

2. Full Name: \_\_\_\_\_  
Last First Middle

3. Other Names Used: \_\_\_\_\_  
(Include maiden, prior married, alternate spellings)

4. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐

5. Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

6. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Work or Cell

7. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
- If yes, enter your SSN: \_\_\_\_\_
  - If no, you must file a *Request for Exemption from Social Security Number Requirement*.

### MESSAGE/BODYWORK EDUCATION INFORMATION – All applicants complete this section.

8. Enter the following information about the massage/bodywork school(s) or program(s) that you attended.

NAME	ADDRESS	DATES ATTENDED	HOURS COMPLETED	DID YOU GRADUATE?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

If you checked any item in Question 1 *other than reciprocity*, arrange for the massage school(s) or program(s) listed above to send an official transcript directly to the Board office. The transcript must show that you meet the educational requirements. See Instruction Sheet for information on the educational requirement.

**EXAMINATION, CERTIFICATION & LICENSURE INFORMATION – All applicants complete this section.**

9. Have you taken and passed the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) examination? Yes ☐ No ☐

**Arrange for NCBTMB to send an official score report *directly* to the Board office.**

10. Have you passed a state-certified examination in cardiopulmonary resuscitation (CPR) training and hold current CPR certification? Yes ☐ No ☐

**Submit a copy of your current CPR card (front and back) to the Board office.**

11. Do you now hold, or have you ever held, a license or certificate to practice massage and bodywork issued by any other state or jurisdiction? Yes ☐ No ☐ **If yes, complete the following about *each* license/certificate:**

JURISDICTION	LICENSE NUMBER	IS THIS LICENSE CURRENT?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Arrange for the Board office to receive verification of licensure or certification directly from *each* state or other jurisdiction in which you are now, or have ever been, licensed or certified.**

**EXPERIENCE INFORMATION – Complete this section only if you checked reciprocity in Question 1.**

12. Enter the following information about your massage/bodywork employment experience. If you need more space, enclose a separate sheet with the application.

BUSINESS NAME WHERE PRACTICED	ADDRESS	EMPLOYMENT DATES

**DISCLOSURES – All applicants complete this section.**

13. Have you ever employed or knowingly cooperated in fraud or material deception in order to acquire a license as a massage or bodywork therapist or certification as a massage technician? Yes ☐ No ☐ **If yes, submit documentation explaining fully. Include copies of all appropriate records.**
14. Have you ever impersonated another person holding a license or certification, or allowed another person to use the massage or bodywork license or massage technician certification, or aided or abetted a person not licensed as a massage or bodywork therapist or certified as a massage technician to represent that person as a massage or bodywork therapist or massage technician? Yes ☐ No ☐ **If yes, submit documentation explaining fully. Include copies of all appropriate records.**
15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes ☐ No ☐ **Arrange for the Board office to receive a criminal background check.**

16. Have you ever had your license or certificate to practice massage therapy suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes ☐ No ☐ **If yes, include documentation of the regulatory Board action.**
17. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes ☐ No ☐ **If yes, submit documentation explaining fully. Include copies of all appropriate records.**
18. Do you have any impairment related to drugs or alcohol that would limit your practice of massage and bodywork? Yes ☐ No ☐ **If yes, submit documentation explaining fully. Include copies of all appropriate records.**
19. Are you aware of any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you have previously been or are currently licensed or registered? Yes ☐ No ☐ **If yes, provide documentation of the regulatory Board action.**

**To assure consideration of your license application at the next Board meeting if Board review is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within one year of filing will be considered abandoned and will be discarded appropriately.**

### **AFFIDAVIT**

The undersigned applicant for Massage Therapist Licensure, being sworn, deposes and says that the information contained in this application is true and correct, and that he or she understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

County or City of \_\_\_\_\_ State of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature: \_\_\_\_\_

SEAL

Date Commission Expires: \_\_\_\_\_

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.***